U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
JUL 252005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	$\frac{1}{1}$ $\frac{1}{1}$ $\frac{04}{10}$ Through: $\frac{12}{31}$ $\frac{04}{100}$	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Charles Holt	Name Sheet Metal Workers Local 12	
	Labor Organization File Number 043-400	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1200 Gulf Lab Road	Street 1200 Gulf Lab Road	
City Pittsburgh	City Pittsburgh	
State PA ZIP Code + 4 15238	State PA ZIP Code + 4 15238	
5. Position in labor organization. Business Manager		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	· The state of the	
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City	. What is not a previous assessment with the part of the landers could be trained to the part of the p	
State ZIP Code + 4		
Signature,		
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the secondary)	nd documents), has been examined by the signatory and is, to the best of the	
Signed Obrules C. Helt	On 7/6/05 724-424-1779 Date Telephone Number	
Form LM-30 (2003)	,	

B. Held is an interest in or derived income or sonomic benefit with monetary value from a business (1) a substantial part of which consists of buying files. Selling or leaving to a membrary state from a business (1) a substantial part of which consists of buying files. Selling or leaving of an employer whose employers you labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from selling or states described the part of the par			
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State PA ZIP Code + 4 15222 14.b. Amount of payment.	Street 219 Fort Pitt Boulevard		
14.b. Amount of payment.	City Pittsburgh		
	State PA ZIP Code + 4 15222		
	13.b. Is the Business an Employer x or Consultant ?		

File Number U-

Name of Person Filing

Charles Holt